# **Independent Review Board**

STATE OF WISCONSIN

## MINUTES OF THE MEETING OF NOVEMBER 22, 2002

#### Attendance

**Board Members:** Chair Dr. Jay Gold; Vice-Chair Dr. Paul Millea; Eileen Mallow; Jerry Popowski; and Dr. David Zimmerman.

**BHI Staff:** John Chapin, Interim Director; Sandra Mahkorn, M.D.; Martha Davis, Acting Chief, Workforce and Provider Survey Section; Judith Nugent, Chief, Person-Level Data and Analysis Section; and Richard Miller.

Others Present: Barbara Rudolph, Center for Health Systems Research and Analysis

### Call to Order

Dr. Gold called the meeting to order at 10:00 a.m. A quorum was deemed present.

#### Minutes of the September 16, 2002 meeting

Dr. Gold referred Board members to the minutes of the September 16, 2002 meeting. There were no comments or questions. Ms. Mallow moved to approve the minutes, and the motion was seconded. Board members voted unanimously for approval.

## Review/approve IRB Rules of Order and Procedure

Dr. Gold referred Board members to the draft Rules of Order and Procedure document. There were no comments or questions. Mr. Popowski moved to approve the Rules of Order and Procedure, and the motion was seconded. Board members voted unanimously for approval.

#### Review/approve IRB meeting schedule

Dr. Gold referred Board members to the proposed meeting schedule. All meetings will be held at the Wisconsin State Office Building, 1 West Wilson Street, Conference Room 372. Dr. Millea moved to approve the meeting schedule, and the motion was seconded. Board members voted unanimously for approval.

## Overview of Physician Office Visit (POV) data collection project

Ms. Nugent distributed a handout and provided an update on the POV data collection project. Three quarters worth of data containing over 7,259,094 records have now been collected. None of this data is releasable at this point. The Bureau continues to work with the data submitters on the quality of the data. Individual physician profiles will be sent to the data submitters after the fourth quarter. Physicians will be asked to sign affirmation statements when first quarter data is released. After the data is affirmed, a database will be created and a public use dataset will be designed.

Phase II group practices will include: Children's Health System, Group Health Cooperative of Eau Claire, Affinity Health System, Prevea Clinic, All Saints Health Care System, Advanced Healthcare S.C., Bellin Medical Group, Ministry Health Care, and Columbia/St. Mary's Community Physicians. Letters to Phase II data submitters were sent requesting that they provide the Bureau with contact information for the people who will be attending training sessions, which will be held in January in different regions of the state. The Bureau has suggested personnel from the billing department, IT department and medical records as well as a person who is in a medical directorship of some kind. Dr. Millea suggested someone from the compliance office also attend the training sessions.

## Presentation on POV Data Quality Report

Mr. Miller provided Board members with a POV Data Quality and Completeness Update. The POV Data Quality Report will contain five chapters. The first three chapters of the POV Data Quality Report will discuss the mechanics of the POV data collection project. Chapter IV will describe the initial data quality, and Chapter V will discuss the completeness of the data collected. Quality continues to improve. As of November 21, 2002, there have been 6,969,966 record submissions. Each record in the POV database represents a physician-provided service. Visits are one or more services that have the same physician, patient and service date. The average number of service records per visit was 1.6.

## Relationship of IRB with Department and policymaking structure/Severity and risk adjustment methods for POV data

Mr. Chapin expressed his gratitude for the existence of the IRB. The POV data collection project is a delicate issue that will require stakeholder involvement during the process of determining implementation of any risk adjustment methods. Dr. Millea expressed his concern that the data will reflect severity of patient's condition accurately. Dr. Zimmerman stated that the process should be scientific, reasonable and politically acceptable. Mr. Popowski suggested there are several different tools for risk adjustment and that conclusions should not be drawn that target physicians as good or bad. He stated that the POV data collection project should monitor and report data from a purchaser's perspective. Dr. Gold cautioned that the limitations and usefulness of this information be recognized. Ms. Mallow stated that the average consumer cannot interpret this data and that health plans should ensure patients quality of care. Dr. Millea articulated his concern that this data could cause more confusion. Ms. Rudolph reminded the members of the IRB that public use data are different than custom data requests in that public use data do not require risk adjustment. She also stated that if a proprietary method is selected, the state is not allowed to release the method. Dr. Gold stated that it is important to deal with the philosophy, but it is necessary to get a process in place and to move from philosophy to practical.

## Items for upcoming Board meeting

- POV data collection project update
- POV Data Quality Report update
- Outline strategy for case mix and severity adjustment
- Presentation of data and any accompany information
- Discuss stakeholder issue
- Criteria for release of data

- One-time requests
- Expedited requests
- Risk adjustment strategies

## **Next Board meeting**

The next Board meeting is scheduled for Friday, January 17, 2003, 10:00 a.m. to 12:00 p.m. at the State Office Building, 1 West Wilson Street, Conference Room 372, Madison, Wisconsin.

## Adjournment

Dr. Gold adjourned the meeting at 11:46 a.m.